


PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency Office of Postsecondary Education Fund for the Improvement of Postsecondary Education		OMB Control Number 1840-0636
Enter only items that change Current Record		
	NA	NA
Agency form number(s)		
Annual reporting and record keeping hour burden		
Number of respondents	60	60
Total annual responses	60	60
Percent of these responses collected electronically	0%	0%
Total annual hours	0	0
Difference		0
Explanation of difference		0
Program Change		
Adjustment		0
Annual reporting and record keeping cost burden (in thousands of dollars)		
Total annualized capital/startup costs	\$0	\$0
Total annual costs (O&M)	\$0	\$0
Total annualized cost requested	\$0	\$0
Difference		0
Explanation of difference		0
Program Change		
Adjustment		0
Other change** The Project Title Page, Budget Summary, and Consortia Partner Identification forms for the European Union-U.S. Cooperation Program will be available in FY 2006 in Grants.Gov. These three forms also will be consolidated into one set of common forms for the Program for North American Mobility in Higher Education and the U.S. – Brazil Higher Education Consortia Program.		
Signature of Senior Officer or designee:		For OIRA Use
	Sept 13, 2005	<hr/> <hr/>

**This form cannot be used to extend an expiration date
 OMB 83-C

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION
INTERNATIONAL CONSORTIA PROGRAM**
Project Title Form

Program _____ (drop down box)

Consortium Members - - U.S. Partners:

Lead:

Partner:

Partner:

Consortium Members - - Foreign Partners:

Lead:

Partner:

Partner:

Consortium Members - - Foreign Partners:

Lead:

Partner:

Project Title:

Abstract of Proposal: (1000 Character Limit)

Select project format:

- Four-year consortia project
- Two-year consortia project

Federal Funds Requested:

Year 1:

Year 2:

Year 3:

Year 4:

Total:

CONSORTIUM PARTNERS IDENTIFICATION FORM

Program (drop down box)Country (drop down box)**Lead Partner:**Name: Prefix: First Name: Middle Name: Last Name: Suffix: Name of Institution/Organization: (60 Character Limit) Department: (60 Character Limit) Complete Address: Street Name1: Street Name2: City: State: State/Province: Zip/Postal Code: Country: Phone Number: Fax Number: E-mail Address: **Partner Two:**Name: Prefix: First Name: Middle Name: Last Name: Suffix: Name of Institution/Organization: (60 Character Limit) Department: (60 Character Limit) Complete Address: Street Name1: Street Name2: City: State: State/Province: Zip/Postal Code: Country: Phone Number: Fax Number: E-mail Address: **Partner Three:**Name: Prefix: First Name: Middle Name: Last Name: Suffix: Name of Institution/Organization: (60 Character Limit) Department: (60 Character Limit) Complete Address: Street Name1: Street Name2: City: State: State/Province: Zip/Postal Code: Country: Phone Number: Fax Number: E-mail Address:

U.S. Department of Education Budget Summary				OMB Control Number: xxxx-xxxx Expiration Date: xx/xx/xxxx	
1. Program (drop down box)			2. Select One: Lead (fiscal agent) Partner		
3. Name of Institution/Organization:					
Project Costs Requested from FIPSE:					
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Total (e)
4. Personnel (salary & wages)					
5. Fringe Benefits (employee benefits)					
6. Travel					
7. Equipment (purchase)					
8. Supplies (and materials)					
9. Contractual (enter partner totals here)					
10. Other (equipment rental, printing, etc.)					
11. Total Direct Costs (lines 4-10)					
12. Indirect Costs* (8% of line 11)					
13. Mobility Stipends					
14. Language Stipends					
15. Subtotal of Stipends (lines 13+14)					
16. Total Requested from FIPSE (lines 11+12+15) (These figures should appear on the Title Form)					
Project Costs Not Requested from FIPSE:					
17. Lead Partner non-federal funds					
18. Subcontractor(s) non-federal funds					
Funds Requested by Foreign Partners:					
19a. Total Requested from Canada					
19b. Total Requested from Mexico					
19c. Total Requested from Brazil					
19d. Total Requested from Europe					
<p>*Indirect Cost Information (To be completed by Your Business Office):</p> <p>If you are requesting reimbursement for indirect costs on line 12, please answer the following questions:</p> <p>(1) Do you have an Indirect Cost Rate Agreement approved by the federal government? Yes No (Radio Button)</p> <p>(2) If Yes, please provide the following information:</p> <p> o Period covered by the Indirect Cost Rate Agreement: From: mm/dd/yyyy To: mm/dd/yyyy</p> <p> o Approving federal agency: ED Other (please specify): _____ (Radio Button)</p> <p>(3) For Restricted Rate Programs (select one) - - Are you using a restricted indirect cost rate that:</p> <p> Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? (Radio Button)</p>					